



City/Town: _____, MA. Date: _____ Permit# _____

Building Location: _____ **Owners Name:** _____

Type of Occupancy: Commercial ☐ Educational ☐ Industrial ☐ Institutional ☐ Residential ☐

New: ☐ **Alteration:** ☐ **Renovation:** ☐ **Replacement:** ☐ **Plans Submitted:** Yes ☐ No ☐

FIXTURES

[illegible]

Installing Company Name: _____

Address: _____ **City/Town:** _____ **State:** _____

Business Tel: _____ **Fax:** _____

Name of Licensed Plumber:

Check One Only	Certificate #
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☐ Corporation

☐ Partnership☐ Firm/Company

INSURANCE COVERAGE:

I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL. Ch. 142 Yes ☐ No ☐

If you have checked Yes, please indicate the type of coverage by checking the appropriate box below.

A liability insurance policy ☐ **Other type of indemnity** ☐ **Bond** ☐

OWNER'S INSURANCE WAIVER: I am aware that the licensee does not have the insurance coverage required by Chapter 142 of the Massachusetts General Laws, and that my signature on this permit application waives this requirement.

Check One Only

Owner ☐ Agent ☐

Signature of Owner or Owner's Agent

I hereby certify that all of the details and information I have submitted (or entered) regarding this application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under the permit issued for this application will be in compliance with all pertinent provision of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws.

By _____

Title

City/Town

APPROVED (OFFICE USE ONLY)

Type of License:

☐ Plumber
☐ Master
☐ Journeyman

Signature of Licensed Plumber

License Number: